Application or Docket Number

APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
STAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE		OR	BASIC FEE	890-
TOTAL CHARGEABLE CLAIMS			33 minus 20=		* - 3			X\$ 9=	,	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* ,_ /			X42=		OR	X84=	84
MU	LTIPLE DEPEN	DENT CLAIM PF	REŚENT					+140=		OR	+280=	<u> </u>
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2		TOTAL		OR	TOTAL	. D. J.
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL E	NTITY	OR	OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CLAIM	=		X42=		OR	X84=	
	FINOT FRESE	INTATION OF INIC	JETIPLE DEF	ENDEN	T CLAIIVI		J.	+140=		OR	+280=	· in
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	and the control of th	(Column 1)	ware or a second and and an inches		mn 2)	(Column 3)					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=		X\$ 9=		OR	.X\$18=	
	Independent	*	Minus	***		=	4	X42=		OR	X84=	, n
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┛.	+140=	fir	OR	+280=	-
	•	,						TOTAL		0	TOTAL	
		4			- 2			ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS			imn 2) HEST	(Column 3	4.	. ,		l		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=	. •	OR	X\$18=	
	Independent	*	Minus	,***		=	1	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	. 1 10	•	•	. 200-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140= TOTAL		OR	+280= TOTAL	
##	** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADDIT. FEE	<u> </u>
		nber Previously Pa						und in the ap	propriate bo	x in co	lumn 1.	• • •